





Medical School Affiliation

The Medical Center has been affiliated with the University of California, San Francisco (UCSF), School of Medicine for nearly 40 years. All physicians are jointly recruited by SFVAMC and UCSF School of Medicine. SFVAMC has 153 residency and fellow positions and 40 allied health professionals. More than 700 UCSF trainees from 34 programs rotate through the Medical Center.

State-of-the-Art Health Care

SFVAMC is renowned for its state-of-the-art acute medical, neurological, surgical and psychiatric care. It has outstanding programs in clinical areas such as: cardiac and vascular surgery, interventional radiology, interventional cardiology, orthopedics, neurology and neurosurgery, ophthalmology, otolaryngology, urology, endocrinology and metabolism, hepatology, hematology/oncology, renal dialysis, and mental illness.

SFVAMC has five National Centers of Excellence: The Center of Excellence for Epilepsy Treatment, Cardiac Surgery, Post Traumatic Stress Disorder, HIV, and Renal Dialysis. Other nationally recognized programs include: Parkinson's Disease Research, Education, and Clinical Center, The Hepatitis C Research and Education Center, the Mental Illness Research & Education Clinical Center (MIRECC), and the Western Pacemaker and AICD Surveillance Program.

Primary and mental health care is provided at community-based outpatient clinics in Santa Rosa, Eureka, Ukiah, and San Bruno. There is a specialized homeless veterans clinic in downtown San Francisco appropriately called the SFVAMC Downtown Clinic.

The Geriatric and Extended Care program includes a 120bed skilled nursing care facility, a home-based primary care program, and a growing telemedicine program.

The San Francisco VA Medical Center continues to strive to meet the needs of America's newest generation of veterans. Programs are growing and expanding to meet their psychological and physical needs. In 2007, the OEF/OIF Integrated Clinic was created specifically to meet the health care needs of the newest generation of veterans.

The Medical Center has a 75-year history of being a leader in health care and will continue to be in the forefront of modern medicine and science. The SFVAMC is not only a treatment center for veterans but also a resource for the nation.

FACTS & FIGURES

San Francisco VA Medical Center

4150 Clement Ave. San Francisco, CA 94121 Main Telephone: 415-221-4810 or 800-733-0502 www.sanfranciso.va.gov

Areas Served: Veterans in the counties of: Marin, Napa, Sonoma, Lake, Mendocino, Humboldt, San Francisco and San Mateo.

Medical School Affiliation: Affiliated with the University of California San Francisco - Schools of Medicine, Nursing, Pharmacy. There are 153 Residency and Fellow positions; 40 allied health professionals. 740 UCSF trainees from 34 programs rotate through SFVAMC.

Research: Largest funded research program in the VA. 225 M.D. and PhD Principal Investigators. Three Medical Science Research Enhancement Award Programs (REAP) in neurology research, prostate cancer, and bone research. 1 HSR&D in aging research.

Operating Budget	\$390 million
Research Budget	\$78 million
Operating Beds	124
Nursing Home Beds	120
Unique Patients Outpatient Visits Inpatient Visits	52,507 425,144 5,549
Employees	1,830
Volunteers	622

[Figures are FY 2008]

Rev. 00P/8/08

SAN FRANCISCO VA MEDICAL CENTER



Mexican and Early American Periods

The site's recorded history began in 1774, when Spanish explorers first glimpsed the Golden Gate from its heights. During the late Mexican and early American periods Point Lobos belonged to a man named Francisco Guerrero. He had been granted this vast but largely worthless rancho in the northwestern corner of San Francisco by the last Mexican governor of California, Pio Pico. In 1850, shortly after California achieved statehood, President Millard Fillmore set Point Lobos aside for military use due to its strategic location on the western approach to the Golden Gate. However, within a year Fillmore rescinded this appropriation and the land reverted to the ownership of Guerrero. For almost two decades the land remained unoccupied and unused with the exception of a semaphore signaling station, which appeared on contemporary maps as early as 1853.

Golden Gate Cemetery

In 1868, the City and County of San Francisco purchased 200 acres of land at Point Lobos, including the site of the future VA Medical Center, for \$127,465. This tract was designated a municipal cemetery and named the Golden Gate Cemetery. For the next quarter century the "City Cemetery," as it was usually called, provided a place for burying San Francisco's poorer dead whose families could not afford to buy a plot in a private cemetery.

Fort Miley

In 1890, the U.S. Army began to systematically modernize and reconstruct its outdated coastal

defenses. Known as the Endicott Period, this system entailed the construction of networks of coastal batteries at the approaches to important harbors and coastal cities. These networks of coastal defense facilities were designed to thwart potential sea borne invasions by ensuring that a field of fire would saturate every square foot of sea approaching a critical seaport or harbor. For San Francisco Bay, the Army Crops of Engineers planned coastal batteries for Point Lobos, the Marin Headlands, Alcatraz, Fort Mason and other strategic points around the Golden Gate.

In January 1893, the U.S. Army paid the City and County of San Francisco \$75,000 for fifty-four acres of strategically situated Golden Gate Cemetery land overlooking the approaches to the Golden Gate. Construction of the Reservation at Point Lobos, as it was originally called, began in 1897. The first buildings constructed included a half-dozen wood-frame barracks, storage buildings, an officers' club and administrative buildings. Most important were the batteries themselves. In 1900, the post was renamed Fort Miley in honor of Lieutenant Colonel John D. Miley. Miley had recently been killed in the Philippines and had been largely responsible for the actual planning of San Francisco's network of coastal batteries.

Site Selection

Much of the credit for the Veterans Administration's decision to construct a new medical facility in San Francisco goes to local Congresswoman Florence P. Kahn. In 1930, she and other local politicians began pressuring the Federal Board of Hospitalization (the precursor to the Veterans Administration) to consider building a veterans hospital in San Francisco. Kahn and her associates argued that Northern California was in dire need of such a facility, and prior to 1930 the only veterans' facility was located in Los Angeles.









Planning

In 1932, twenty-five acres in the center of Fort Miley was deeded by the U.S. Army to the Veterans Administration. By November 1932 the VA Department of Construction Services drew up plans for the new San Francisco VA Medical Center. An article in the November 6, 1932 edition of the San Francisco Chronicle announced that construction of the facility would begin in January 1933. The article described how the new Medical Center would accommodate 404 men and employ 200 administrative staff. The San Francisco VA Medical Center, the article stated, would collaborate with the nearby University of California Medical School and "draw patients from all the Western States."

Construction and Design

In 1933, construction of the hospital began and took nearly 2 years to complete. The \$1.25 million hospital was architecturally designed in an eclectic California-Spanish-Mayan style. The original facility had 21 buildings, 340 beds, including 12 for women, and a 36-bed diagnostic center. The medical staff consisted of 25 doctors and a distinguished group of consultants. The official dedication of the San Francisco VA Medial Center took place on November 11, 1934.



1930's view of Building 1

Its completion was commemorated in a full-length article by Homer M. Hadley in the January 1935 edition of "The Architect & Engineer." According to Hadley, the San Francisco VA Medical Center was "one of the

first government projects to be designed with studied consideration of earthquake hazard and prevention of earthquake damage."

Depression and Second World War

For six years the history of the institution was relatively uneventful. In order to save money, the U.S. Army decided in 1937 to decommission what was left of the Fort Miley military installation when it was realized that air power had largely rendered coastal batteries obsolete. However, the Japanese attack on Pearl Harbor on December 7, 1941 led to the reactivation of Fort Miley. On December 11, 1941 nearly 350 VA patients were evacuated due to the possibility of an air attack against San Francisco. The hospital was then surrounded by mobile guns and Fort Miley was placed on alert throughout the remainder of World War II. Due to the proximity of the batteries to the San Francisco VA Medical Center, the patients were evacuated for the duration of the War. In 1943, Fort Miley was permanently de-activated and in 1946 patients were returned to the VA Medical Center.

Post-War Period

Despite the dramatic increase in the number of veterans following WW II, the San Francisco VA Medial Center underwent comparatively few physical changes for almost two decades. In 1963 the Medical Center began a three-phase modernization program. The first phase consisted of the construction of Building 200, which would serve as the new home for administration, clinical and anatomical laboratories, and the radiology department. This building was dedicated on August 27, 1965. In 1967, Building 12 was substantially enlarged and converted into a research center.

1976-Present

The second phase did not begin until 1973 when a new power plant, reservoir, pumping station and a 440-bed hospital building (Building 203) was constructed. This hospital building, which was dedicated on May 27, 1976, was designed by William Pereira.









The third phase began in 1989 with the construction of a four-level parking structure. In 1990, the seismic upgrade of Buildings 200, 2, and 4 began and in 1992 the long-awaited nursing home was completed. In 1993, a multi-story office building addition (Building 210) was constructed on the rear elevation of Building 2. Building 210 was increased by two stories in 1999.

In 2007, a \$35.4 million construction project began to seismically upgrade Building 203, remodel patient rooms, and expand the Emergency Department.

World-Class Research

Today, the San Francisco VA Medical Center has the largest funded research program in the Veterans Health Administration with a \$78 million annual research budget. Areas of particular interest are: prostate cancer, aging, oncology, hypertension, stroke, cardiovascular disease, Hepatitis C, breast cancer, PTSD, substance abuse, neuroscience disease, health services research, and advanced medical imaging. The Medical Center has three Medical Science Research Enhancement Award Programs (REAP) in neurology research, prostate cancer, and bone

research; and one HSR&D REAP in aging research. It is one of the few medical centers in the world equipped for studies using both whole-body magnetic resonance imaging (MRI) and spectroscopy, and is the site of VA's National Center for the Imaging of Neurodegenerative Diseases.

Research programs include seven core facilities: Clinical Research Center, Animal Care Facility, Cell Imaging Core, Molecular Core, Proteomics Core, Brain Imaging Center, Bone CT Core, and Echocardiography Core.

In 1988, the Northern California Institute of Research and Education (NCIRE), a private, non-profit, research corporation, was founded on the San Francisco VA Medical Center grounds to administer VA-approved research and related education funding. In 2000, NCIRE moved into Building 14, a new structure placed on Veterans Drive.

In 2006, the National Center for Imaging of Neurodegenerative Disease was constructed. The Center has two full time research MRI systems: a 1.5 Tesla system for routine clinical investigation, and a 4 Tesla system for state of the art research.